DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services San Francisco Survey and Enforcement Division Survey Operations Group 90 7th Street, Suite 5-300 (5W) San Francisco, CA 94103-6707



Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Medicare and Medicaid Notice to the Public

Notice is hereby given that on February 19, 2022 the Centers for Medicare & Medicaid Services (CMS) will terminate the agreement between the Secretary of Health and Human Services and Sherwood Oaks Health Center, Fort Bragg, California as a skilled nursing facility in the Medicare program. In addition, as authorized by the California State Medicaid Agency, notice is given that the provider's agreement as a nursing facility in the Medicaid program will also be terminated effective February 19, 2022.

CMS has determined that Sherwood Oaks Health Center has failed to attain substantial compliance with the following Medicare and Medicaid participation requirements:

- 42 CFR §483.35 Nursing Services
- 42 CFR §483.60 Food and Nutrition Services
- 42 CFR §483.70 Administration

The Medicare program will not make payment for skilled nursing facility services furnished to residents admitted to the facility on or after February 19, 2022. For residents admitted prior to February 19, 2022, payment may continue for up to 30 days of services on or after February 19, 2022, the date of termination.

In addition, Federal Financial Participation will not be available to the State for any Medicaid residents admitted to the facility on or after February 19, 2022. For Medicaid residents admitted prior to February 19, 2022, Federal Financial Participation may continue to be made to the State for up to 30 days of covered services to qualified residents furnished on or after February 19, 2022, the date of termination.

This action is mandated by Sections 1819(h)(2)(C) of the Social Security Act and Federal regulations at 42 CFR §488.412 and 488.456. If the provider demonstrates substantial compliance with all CMS requirements, and a revisit survey confirms substantial compliance, prior to February 19, 2022, the provider will remain active in the Medicare Program and CMS will not terminate their provider agreement.

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